

Patients' Beliefs About Healthcare Professionals' Knowledge and Skills in Chronic Pain

Background and Aims

Chronic pain is associated with depression and anxiety (1), sleep disturbances, substance abuse (2), and an overall reduced quality of life (3). In 2018, an estimated 3.24 million Australians were living with chronic pain, resulting in a financial burden of 139.3 billion AUD (4). Recognising the significant impact of chronic pain, the Australian Government endorsed the development of the country's first National Strategic Action Plan for Pain Management in May 2018 (5). Limited medical education may be contributing to poor management of chronic pain. A 2018 study of medical schools in Australia and New Zealand found that, on average, 20 hours of teaching were dedicated to pain medicine across a medical degree(6). This study aimed to get patients' views of their doctor's pain management knowledge and skills.

Methods

A focus group was established to devise survey questions to be answered by people attending pain support groups in Australia. This was based on the Pain Understanding and Confidence Questionnaire (PUNcQ) which had been developed to assess healthcare students' knowledge and confidence in pain management. Representatives came from the Australian Pain Management Association (APMA), the Adelaide Pain Support Network (APSN) and the American Chronic Pain Association (ACPA). The survey was distributed online to gatekeepers at APMA, APSN, Arthritis Australia, Australian Pain Society, Chronic Pain Australia, Fibromyalgia Australia, MS Australia, Pain Australia, and Pain Support ACT. The survey was subsequently distributed to attendees of their voluntary organisations. Results were analysed with a pragmatic epistemological perspective, focusing on practical outcomes and real-world implications for patient care. This approach acknowledges the presence of the researchers' values and biases.

"I was put on Fentanyl Patch 50mcg, Paracetamol/Codeine 10 years ago for severe pain by my GP until very recently, and several times throughout those years he told me I was a drug addict. I felt shocked and demoralised as he was the person who prescribed them to me."

"I have medical trauma because of my doctor. She doesn't listen to me about side effects of certain medications, or anything else. She wants me to stop some medications, but won't help me taper safely. She has withdrawn neuropathic drugs literally overnight and left me to deal with it all by myself."

"My GP has chronic pain himself so he is very understanding."

"Just a general lack of knowledge on what to advise me and medication did nothing. Seems to me there's not enough research on fibromyalgia and no one really knows how to treat it."

"Judgement for pain relief medications, lack of understanding or knowledge of conditions, uncertain about pain medications and interactions."

"The lack of holistic follow up from a GP consultation. For medical observations, pathology, and referrals there is no problem. It seems that most GP's do not have the time; let alone the training and experience to achieve this."

"GP's do their best but chronic pain is very hard to treat"



In association with the
Australian Pain Management Association

Results

127 people with chronic pain responded to the survey. Respondents were 87.3% Female. The majority (54.3%) of patients were aged 40-59, with no patient younger than 20 years, and one patient over 80 years. 58% of patients thought their healthcare practitioner had no pain management knowledge or a little. 75% thought their GP would welcome training in chronic pain management. A large majority (86%) supported the direct involvement of chronic pain patients in medical student education. 90% saw their GP monthly or quarterly and 95% answered medication as the way their GP had been able to help their pain. Referral to physio, psychology and non-medical treatments were also reported by 37 to 64% of patients. Only 6% had been referred to APMA. 63% had been referred to a pain management service. Thematic analysis of free text comments revealed that people felt lack of empathy; clinicians didn't believe their pain or patients felt judged. Another frequent theme was not having access to analgesic medication due to government policy, fears of addiction and that medication was ineffective. There were favourable comments about the effectiveness of a multidisciplinary team. Many comments mentioned that help from patient support groups, other patients and the internet had been helpful.

Conclusions

This survey confirms that many patients feel that their GP has little or no knowledge of pain management. Studies of undergraduate education on pain management have found that there is very limited teaching on pain. Although there is increasing evidence that medication, particularly opioids have little or no benefit for people with chronic pain (7,8), medication was a prominent concern in many of the comments from respondents. The Australian Government initiatives to reduce opioid prescribing may have led to doctors cutting their patients medication down and there were comments about reduction of opioids being done too rapidly (10,11,12). It is important to help patients to get on-side with any reduction in opioid doses, with gradual reduction and support to maintain the doctor patient relationship (13). We hope that improvement in education will improve pain management and a public health approach may also be helpful, especially with limited access to specialists (14).

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